

# Buckingham United Methodist Church

1212 W. Buckingham Road

Garland, Texas 75040

972.272.6042

June 17-21

6:00pm-8:30pm

For Church  
Use ONLY

Date Rec'd \_\_\_\_\_

PAID: Cash \_\_\_\_\_

Check# \_\_\_\_\_

Crew: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Name called by parents: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home telephone: (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_ Age: \_\_\_\_\_ (as of 9/1/2011)

Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

In case of emergency, please contact: (List name, evening phone# and cell phone):

Mother's Name: \_\_\_\_\_ cell number \_\_\_\_\_

Father's Name: \_\_\_\_\_ cell number: \_\_\_\_\_

Other Person to contact: \_\_\_\_\_ cell number \_\_\_\_\_

Allergies, medical conditions, special needs: \_\_\_\_\_

In case of medical emergency, may we have permission to transport your child to the nearest medical facility? \_\_\_\_\_ (signature)

Church Affiliation: \_\_\_\_\_

You may add my child's name, address and phone # to a VBS Database: Y \_\_\_ N \_\_\_

My child's picture may appear in church/news publications: \_\_\_\_\_

(signature)

I would like to purchase a SKY music CD for \$5: Y \_\_\_ N \_\_\_

I would like to volunteer to help with VBS - please call me: Y \_\_\_ N \_\_\_

**A donation of \$15 per child, or \$25 per family, is requested to help defray the church's expense. It costs the church approximately \$23 per child to bring this outreach program to our community. Scholarships are available.**